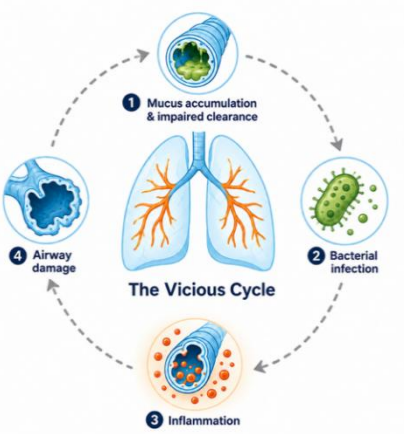
BiWaze® Clear SYSTEM

For Healthcare Professionals

Oscillating Lung Expansion (OLE) Therapy

Break the Vicious Cycle of Bronchiectasis



A self-perpetuating cycle

Bronchiectasis damages and widens the airways, making mucus more difficult to clear. As mucus accumulates, it can promote infection and inflammation, causing future airway damage and even greater mucus retention.

Breaking the cycle begins with secretion clearance

BiWaze Clear combines three complementary therapies to help open the airways, mobilize secretions, and deliver nebulized saline, all in one approximately 10-minute session.

How BiWaze Clear Works

3 Therapies. 1 Session. ~10 Minutes.

OPEN

Lung Expansion

Positive expiratory pressure holds the airways open, creating a path for secretions to move.

SHAKE

Oscillation

High-frequency oscillations help loosen and mobilize secretions from the airway walls.

THIN

Nebulization

Integrated vibrating-mesh nebulizer delivers aerosol to help thin and loosen secretions.*

Why BiWaze Clear?

- Designed for use from hospital to home
- Three therapies within one integrated system
- Closed circuit, dual-lumen design
- Integrated Aerogen® Solo nebulizer
- ~9lbs. with internal battery
- Touchscreen with saved profiles
- Reimbursed under one HCPCS Code: E0469

Performance That Matters

2 – 3x more expiratory flow bias vs other OLE systems[1]

Up to **4.5x greater** deposition of aerosol to the lungs compared to other ole systems[2]

Learn More or Request a Demo
Scan the QR Code or visit **abmrc.com**

*Saline only. Currently pending FDA Clearance for medications.

1. DiBlasi R, Kontoudios N, KenKnight H. *Assessment of Oscillatory Pressure and Flow Waveforms With the BiWaze Clear System: An In Vitro Study.* Seattle Children's Hospital & Research Institute; ABM Respiratory Care; 2025. Accessed September 30, 20252
2. Kontoudios N, KenKnight H, DiBlasi R. In vitro comparison of aerosol delivery in high-frequency assisted airway clearance devices with integrated nebulizers. *Respir Care.* 2024;69(10):1221-1230. doi:10.4187/respcare.11988

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